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IN THE U.S. PATENT AND TRADEMARK OFFICE

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Re Application of:

Applicant: Eric Begleiter

Serial No.: 10/031,765

Art Unit: 1615

Filed: January 23, 2002

Examiner: Liliana Di Nola Baron

For: Edible Holographic Products, Particularly
Pharmaceuticals and Methods and Apparatus
For Producing Same

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8

I hereby certify that the following Second Preliminary Amendment is being deposited with the United States Postal Service in an envelope by first class mail, postage prepaid on December 15, 2003, addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Laurie J. Brown

Date: 12-15-03

SECOND PRELIMINARY AMENDMENT

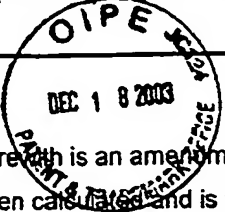
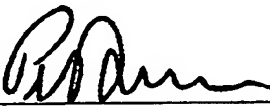

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Please amend the above-identified application as follows:

12/19/2003 JBR/LIN/00000009 10031765

01 FC:1201	172.00 OP
02 FC:1202	180.00 OP

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. (70126) 47961		
Applicant(s): Eric Begleiter					
Serial No. 10/031,765	Filing Date January 23, 2002	Examiner Liliana Di Nola Baron	Group Art Unit 1615		
Invention: Edible Holographic Products, Particularly Pharmaceuticals and Methods and Apparatus For Producing Same					
 TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	72 -	62 =	10 x	\$18.00	\$180.00
INDEP. CLAIMS	6 -	4 =	2 x	\$86.00	\$172.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$352.00
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of \$352.00 to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: DEC 15, 2003		
Peter J. Manus, Reg. No. 26,766 EDWARDS & ANGELL, LLP P.O. Box 9169 Boston, MA 02209 Tel: (617) 439-4444 Fax: (617) 439-4170			<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on 12/15/03 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  Signature of Person Mailing Correspondence Laurie J. Brown Typed or Printed Name of Person Mailing Correspondence </div>		
cc:					